

# CHECKLIST FOR LICENSING RELATIVE CAREGIVERS

Michigan Department of Human Services

Relative Caregiver Name	Worker Name
Date of Meeting to Discuss Licensure	DHS County or Child Placing Agency Name

- ☐ Discussed and received a copy of the handout "Foster Home Licensing for Relative Caregivers" which includes information regarding:
- Requirements for foster home licensing
  - Financial reimbursement available for licensed relative caregivers
- ☐ Discussed and received a copy of "A Guide for Caregiving Families". This resource includes information about caregiver's role and responsibilities, how to work with the local Department of Human Services or child placing agency, and how to locate resources for children and caregiver's role in court hearings and licensing rules and regulations.

## ***Relative Caregiver's decision about licensure:***

- ☐ I **DO NOT** wish to proceed with the foster home licensing process at this time for the following reason:

\_\_\_\_\_  
Signature of Relative Caregiver

\_\_\_\_\_  
Signature of Caseworker

- ☐ I **DO** wish to proceed with the foster home licensing process at this time.
- ☐ Discussed and received a copy of DVD or VHS "Foster Parenting – What Every Parent Needs to Know".
- ☐ Discussed and received a copy of the Study Questions related to the DVD or VHS "Foster Parenting – What Every Parent Needs to Know".

\_\_\_\_\_  
Signature of Relative Caregiver

\_\_\_\_\_  
Signature of Caseworker

Send original to CPA, if CPA is licensing relative caregiver.

File a copy (or original if not indicated for licensure or DHS is licensing) in the case record of each child placed with the relative caregiver.

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